

# The American Practitioner.

APRIL, 1884.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### ESSENTIALS IN MEDICINE.\*

BY JOHN A. OCTERLONY, A.M., M.D.

*Professor of Obstetrics and Diseases of Women and Children.*

*Gentlemen of the Graduating Class:*

It devolves upon me to say a few last words to you in behalf of the faculty, in presence of this large audience; yet it is especially to you I would speak. This is *your* day. A day of honor and honest pride, it must ever be a salient point in your career. As with eager anticipation you have counted the time that led up to this day, so by it you will count the coming years which will lead you further and further away from it into the misty future.

Would I might speak to you such words of wisdom and of warning, of encouragement and cheer, of counsel and of help, that their echo shall reverberate through your hearts and minds until thought and pulse shall cease together.

You are now at the sunrise of your career. You have worked through the dark chill hours of early dawn. How will you bear up under the toil and burden of the day? Perhaps even as I speak some of you are trying to solve in your own minds the

\*Being the address to the Graduating Class of the Medical Department of the University of Louisville, February 28, 1884.

problem of the future. The question, What shall I do; how shall it be done? must come to you as it comes to every beginner in every walk of life. This question implies that while many things may be done, there is one that is the best to do. There are many ways for doing this one thing; there is but one best way. Now the doing of the best thing we can, in the best way we can, constitutes the great problem of life. To its safe and satisfactory solution by each of you, in the calling you have chosen, certain conditions are essential. Some artists paint a picture with a few strokes of the brush, without any effort at finish or elaboration of details, yet complete in conception and effect. In the same manner I would aim to picture to you the *Essentials in Medicine*. A large subject, capable of being treated in a variety of ways, and viewed from very different standpoints, it embraces not merely a science, but an art, a profession, and an honorable means of earning a livelihood—a complex subject, yet the essentials are not many. By essentials in medicine I understand every thing required for the highest type of a medical man—all the elements which combine to make up our ideal of a perfect physician.

I would begin by saying then that the first essential thing for you, as physicians, is—KNOWLEDGE. That you are here to-day, under these joyous circumstances, is accepted as evidence of your possessing this requisite. But your knowledge, great as we have just declared it to be, is not yet, let us hope, all it is destined to be. It remains to be rounded out by study and matured by reflection.

The public expects more knowledge of young physicians than is fair, and gives them credit for less than is due them. A young merchant, starting in business with moderate knowledge and capital and with little experience, is not expected to exhibit the qualities looked for in one who for many years has been immersed in commerce. By industry and patient economy, by sagaciously investing his means, turning them over and over, the former becomes in time a man of wealth and power. Now, no more than this should be asked of the young physician. By

patient and persevering study he adds to his knowledge, which is his capital, he augments his experience and skill by keen and careful observation, and in course of years he becomes master of his art, and *he* also comes to be a man of power, and, though rarely, perhaps also of wealth. But this mastery of knowledge and skill can be reached only by hard work persevered in for years. Though all desire the reward, few are willing to undergo the toil and self-denial by which it is earned. *Scire volunt omnes, mercedem solvere nemo.*

Yet I venture to say the proportion of well-qualified young men in the medical profession is as great as in either that of law or divinity. The complaint is often heard that nowadays our medical colleges graduate too many young doctors, who have neither the requisite knowledge or training to fit them for their responsible duties.

That there is often just ground for this complaint may not be denied. But, fortunately, it is one of the things which correct themselves. Physicians can not, in the nature of things, be much behind nor much in advance of the guard line of the great army of progress. There may perhaps be among you some who have not had the advantages of a classical education, who have but a slight acquaintance with Latin, are ignorant of Greek, and have never studied the higher mathematics. And are men who, by adverse circumstances, have been deprived of these intellectual luxuries to be denied the privilege of studying medicine, and to be thus excluded from a liberal profession? Some of the most brilliant men I have ever known, though giants in medicine, were deficient in general education. One wrote "opportunity" with a single "p," and "hope" with a double. Some of the most gifted medical students, who were graduated with the highest honors, had been sadly stunted in school privileges, and showed it in their chirography and conversation. It can not be forgotten that John Hunter had received but a scanty literary training, yet he created a new era in medicine. His life-work was stupendous both in character and amount. His was one of the most imperial intellects of modern times. Buckle declares

that the high order of his genius entitles him to be ranked with Aristotle, Harvey, and Bichât. Velpeau, with the merely nominal schooling of a blacksmith's assistant, rose by dint of never-flagging industry and never-yielding will to the loftiest pinnacle in the profession, and became the recipient of the highest dignities of the State. What a loss to science—to mankind—had such men been robbed of their vocation!

But let not your ignorance of these very useful helps discourage you, for the man who has once felt

"The wish to know—the endless thirst,  
Which even by quenching is awaked—"

will in time make good the lack of preparatory knowledge. I need not look beyond this hall for a splendid illustration of what a powerful intellect, guided by unflagging industry and perseverance may achieve in conquering difficulties and acquiring varied, profound, and extensive erudition. [Here the speaker turned to the venerable Emeritus Professor of the Science and Art of Medicine, Dr. T. S. Bell.] Whatever may be said, the truth is that the young doctors of to-day are far better trained and much more competent to practice medicine than were those of former times.

The science of medicine has made prodigious strides. Teaching at present embraces more branches and is much more thorough than in former times. The text-books in general use to-day are so comprehensive in scope and excellent in character that the student has easy access to information which was simply unattainable by his predecessors. The facilities for clinical teaching are now so abundant that students may obtain a practical acquaintance with most of the diseases they will be called upon to treat when physicians. Indeed the graduate of to-day has generally had opportunities to see more of disease and acquire a larger clinical experience, even before he has rented an office and hung out his sign, than was possible at an earlier day for any but a favored few, even after they had been in practice for several years.



In support of the charge that too many young doctors are graduated by our medical colleges, the statement is often made that the physicians in the United States are more than twice as numerous to the population as in Europe. This latter may be true, but the conclusion based upon it is false. Vast regions of our country are so sparsely populated, the distances traversed by the physician in making his rounds are so great, so much time is consumed in going from place to place, that in many localities the number of physicians is entirely too small and the people often suffer for the want of medical aid. The proportion of medical men to the number of inhabitants then, should, and must for some time to come, continue to be larger with us than in the densely populated countries of the old world.

If the profession receives an annual influx of new material it also sustains an annual loss. The balance is struck between these two by the great law of supply and demand. So many physicians die each year; so many retire on account of age and ill health; so many leave the ranks to engage in other pursuits. These vacancies must be filled. New communities are constantly springing up, old communities expand. The great West is rapidly growing in numbers and extending the boundaries of civilization. The whole population undergoes an annual increase by births and immigration. These causes create a steady and increasing demand for physicians. This demand is supplied, and no more, by our medical colleges. These convert their students by a three years' process of instruction and training into physicians and surgeons whose intellectual activity, professional information, and practical skill become in time equal to the average medical man of any other country.

Mr. Erichsen, the celebrated English surgeon, visited the United States some years ago, and after careful study of our medical men and institutions expressed the opinion that the average American practitioner is in every respect equal and in some respects superior to the average practitioner of Great Britain.

The study of a science is sometimes undertaken simply to

gratify a desire for knowledge. Many of the most illustrious men in the physical and other sciences were graduated in medicine, but did not practice it as a profession. This latter requires a natural taste and a peculiar adaptation of mind which fit one for "the healing art." It is essential the physician should also be convinced that it is the highest calling in which he can engage.

"Let every man be occupied," says Sydney Smith, "and occupied in the highest employment of which his nature is capable, and die with the consciousness that he has done his best."

Some very good men are at a disadvantage all their lives in our profession, because while in it they are not of it. They have worked hard to make themselves "doctors in medicine," but nature declined to make them physicians. The spirit of the healing art was never breathed into their nostrils. They are a hindrance to themselves and to others. Some of these, fortunately, quickly realize that they are "misplaced," and drop into some other pursuit where they enjoy a comfortable existence. Others plod through a long life, and either do not find out or are unable to rectify their mistake. One might have been a good mechanic, another a successful farmer, still another a thriving merchant. It must have been of such as these that Lessing wrote:

"Tompkins forsakes his last and awl  
For literary squabbles,  
Styles himself poet, but his trade  
Remains the same—he cobbles."

I do not deny that some of the class to which I allude are good physicians, and may even acquire reputation and fortune by their professional labors in spite of the latter possessing no great attractions to them. But no one ever rose to eminence as a medical man who did not have a genuine love for his work. Nor can any one achieve the highest results of which he is capable, did he not also take a delight in his work for its own sake and in perfecting himself in it. Our employment in life should be "the work of our own hearts, and this must be our chastisement or recompense."

To those who engage in the practice of medicine merely for its honors and emoluments, or simply as a gentlemanly occupation, there is but little in their work to sustain or cheer, to interest and elevate. The steady hard work, the unseasonable and ceaseless calls upon their time, the irregular and broken sleep, the frequently revolting revelations of the sick-room soon become irksome and unendurable. They merge into mere routines, their work is hurried, superficial, and badly performed; they long to leave the sick and seek more congenial companionship. Truly, "the ill doing of a good thing is indeed a great evil."

A medical man often finds himself in the presence of sudden and alarming illness, or unexpectedly called to succor the victims of some appalling accident. His every look and gesture are anxiously watched. His words are oracles to be believed and obeyed. Upon his judgment and skill hang life and happiness. Desponding looks and weak inaction, overweening confidence and precipitate measures, all are here equally out of place. Calm self-possession, quick perception, prompt action are essential. And these are born only of the conscious possession of knowledge and skill. United with a strong sense of duty and an ardent desire to save and to heal they render him equal to the emergency—

"Eager to hope but not less firm to bear,  
Acquainted with all feelings save despair."

Yes, the physician must not only have faith in the power and resources of his art, but he must also have faith in his own power to wield them. No great work was ever done by the man who was not conscious of power to achieve it. Therapeutic nihilism is the child of medical indifferentism. The man who doubts the efficacy of medicine to cure disease and alleviate suffering, to prolong life and increase the sum of human happiness, may be a great anatomist, an eminent histologist, a profound pathologist, but he can not be a good practical physician. The men in our profession who have done most good in their day and generation, who did most for the advance of science, were enthu-

siastic workers. They worked, they believed, and they hoped!

In them, " . . . Persuasion and belief  
Had ripened into faith, and faith become  
A passionate intuition."

When we scan the lives of men most truly great, we find that they did fewer things than many ordinary men; but they did what they had to do a thousand times better.

Indeed, a multiplicity of work is a great obstacle to the thorough performance of any. Hence it has been said, with truth, that a man who lets himself have too many things to do is always a foolish man, if he is not a guilty one. It is therefore essential, if you desire great perfection and skill in medicine, that you leave all else and apply yourselves with energy and zeal to reach them.

But the realm of medical science is now so vast that it is impossible for any one to seize in his mental grasp all the knowledge and acquire practical skill in all its various departments. This great advance is largely the result of the "subdivision of labor." At first a matter of choice, it has now become a necessity. Men differ greatly in taste and in adaptation of mind. Naturally or by force of circumstances some drift into one line of work, others into another.

*Mille hominum species, et rerum discolor usus;  
Velle suum cuique est, nec voto vivitur uno.*—PERSIUS.

In mind and taste men differ, as in frame;  
Each has his special will, and few the same.

Each finds he can do some things with more ease and success, and by a species of natural selection he gradually comes to confine his work to these things. This was true, at any rate, when specialties in medicine were first adopted. I am not so sure that it is equally true at the present time. It nevertheless is the origin and explanation of specialties in medicine.

But a young physician should never take up a specialty till he has first practiced general medicine, and, in a word, has

become what the English call a good "all around practitioner." For in the division of medicine into specialties, though both useful and captivating, lie the dangers of unscientific empiricism and a tendency to such exclusive interrogation of a single organ that its true relations to the entire organism are overlooked. We must also bear in mind that specialism has its proper limits, which it may not exceed without transcending the boundaries of legitimate medicine and of common sense. Pursue then, by the side of your course of general reading and observation, a separate line of study, if you will, selected according to your taste and opportunities. This will be a recreation. You may call it a hobby, if you choose. But you will soon become pleasantly aware of a degree of special proficiency which could not have been obtained in any other way. Ere long it claims more and more of your attention and time, and presently becomes a source of profit as well as pleasure, by the tribute of appreciation gained from your professional brethren and the public; for after all, gentlemen, your place as physicians is assigned you by the voice of your profession. In spite of jealousy and quarrels among doctors, they usually accord merit its deserts, and the estimate of a medical man by medical men is generally correct.

In our professional as in our spiritual life there is no standing still. Every moment bears the burden of some thought or effort which will either advance or set us back in our strivings toward perfection. Strive then with energy and zeal. Your work will have an ever-increasing fascination. The efforts you put forth will invigorate your minds, while your interest and sympathy for your kind become broader and deeper.

Medicine accepts no half-hearted service from her votaries. She is an exacting but a generous goddess, who repays a hundred-fold the love and labor offered at her shrine. They only receive nothing who give nothing.

Professional honor and glory are ever the meed of those who honor and glorify their profession. Medicine gives ample scope

for the exercise of the highest talents. Never was the character of the work so varied or more enticing than now. Never were the results so beautiful and grand, so full of promise for the future.

In a recent lecture on Surgery, Sir William McCormac made some remarks which apply with equal force to the whole field of medicine: "What is surgery?" he said; "do you say it is the work of a man's hand? Do the surgeons of to-day work with their hands alone? Not so, but with their hands and hearts and brains. Surgery is a battle with death, in which the surgeon is often vanquished, it is true, but never have his equipments been so complete nor his victories so glorious as at the present day."

The past has left examples for the emulation of the present.  
The names of illustrious men

"Whose lives did not end when they yielded their breath;  
Their glory illumines the gloom of the grave"—

glow on every page of the history of our calling. Their mighty spirits, speaking in their works, ever cry, "As you have received from those who went before, give ye also to them that shall come after."

Look around you: the spirit of progress pervades every rank of the profession. Whether in the luxurious abode of the metropolitan physician, in the modest home of the village practitioner, or where yonder flickering taper sheds a feeble light in the country doctor's quiet dwelling, intellectual activity is seen and felt. I beg you, therefore, cease not from labors which are yet but just begun, but prepare yourselves for new and nobler efforts.

Wherever your lot be cast, the greater portion of your time belongs to the sick. You must go to them, not grudgingly, but gladly—give to them, not grudgingly but freely, the best service of your hands and hearts and brains. The physician



should be a gentleman, and true gentlemanliness comes from the heart.

"We must be gentle

Now, we are gentlemen."

Remember that no one consults you in your professional capacity whom it shall not be in your power either to heal, to soothe, to cheer; to remove his burden or make it easier to bear.

"Thus, when humanity warms the heart of the practitioner, the interest, excitement, and intellectual pleasure of helping the sick is exalted into a principle and invested with a moral motive and passes into the heart. If religion animate it, then happy indeed is the man whose mind, whose moral nature, and whose spiritual being are all harmoniously engaged in the daily business of his life; with whom the same act has become his own happiness, a dispensation of mercy to his fellow-creatures and a worship of God."

LOUISVILLE, KY.

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## ON THE PLASTER JACKET IN LIGHT SPINAL AILMENTS.

BY A. J. BANKER, M. D.

In the February number of the *AMERICAN PRACTITIONER*, I was much struck with the paper, by Prof. Comingore, on the use of the gypsum dressing in certain cases of sciatica.

I write now to call attention to the gypsum jacket in the treatment of those weak-backed, anemic females, so often seen by and who are a source of such trouble to the physician—the pains of which they complain migrating to every part of the body, but being as a rule most distressing about the chest. The usual tonic treatment, beginning with arsenic, iron, strichnine, quinine, the vegetable bitters, and ending with bathing, massage, travel,

cod-liver oil, and whisky, is often disappointing and generally exceedingly unsatisfactory.

The treatment I now use, and which, added to attention to the general health, tonics, etc., has yielded me in the small number of cases in which I have tried it very gratifying results, is the plaster jacket—the jacket applied just as though the troubles arose from actual disease of the vertebræ.

I fell upon this mode of treatment in this way: While in attendance on Prof. Sayre's lectures at Bellevue I allowed myself to be used at class-meetings as the subject for the application of the jacket. I quickly detected that, on wearing the jacket for a little while, one felt a sense of relief, a feeling as if a weight had been taken off the hips—a relief, as it were, of that sensation of heaviness about the chest. Remembering this, I determined, when a weak, anemic woman, unfit for the lightest household duties, complained to me of all manner of back pains and breast pains and heart and head pains, and these did not yield in reasonable time to the regular routine means, that I should apply a plaster jacket.

Soon after—this was in 1880—I saw a lady, aged twenty-seven years, tall, slender, thin and anemic, who had been an invalid eight years, much of the time being confined to the house and a large part of it spent in bed or in an invalid chair. I put her through the regular orthodox treatment, but without any benefit whatever. I thought me to try a well-fitting jacket. The patient readily consented, and a regular spinal jacket, such as I would have used in a case of Potts' disease, was applied. To my great gratification the patient began at once to improve. After the lapse of six months I removed the old and applied a new jacket. In the mean time, from being practically bed-ridden, she had gained such relief and strength that she had resumed her household duties and engaged in them in entire comfort. She was wholly relieved of the tormenting breast pains and of the overwhelming sense of lassitude—soon grew able to ride or walk at will with comfort and pleasure, and was brought back to fair health in every sense.

Since that time I have treated several other cases by the same means with like gratifying results. In a case of severe concussion of the spine, accompanied by tenderness on pressure along the vertebræ, and difficult and painful locomotion, I found the jacket to answer the same useful purpose.

COLUMBUS, IND.

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## DEATH FROM SHOCK AFTER PRECIPITATE LABOR.

BY O. T. SCHULTZ, M. D.

During the past four weeks our country has been overrun by a catarrhal affection of the respiratory tract, characterized by an afebrile course, as a rule; by a tendency to affect and remain confined to the smaller air-tubes; by an obstinate course and by a considerable depression of the vital forces. A considerable number of cases of catarrhal pneumonia have come under my care during the continuance of this epidemic, and some few cases of croupous pneumonia of unusual severity. Ammonium muriate, ammonium carbonate, tartar emetic, ipecacuanha, potassium bromide, and opium seemed to influence this affection very little, while really astonishing results were accomplished by the administration of hydrargyrum bichloride and ipecacuanha combined, the catarrhal symptoms disappearing in a remarkably short time. The usual doses given were, of the mercurial one one-hundredth grain, and of ipecacuanha one twelfth grain every two hours in anisette syrup.

On February 3d I was called to Mrs. W., American, aged twenty-five, in the seventh month of third pregnancy, of nervo-lymphatic constitution, whose parents are both living and in good health, but a brother and sister of whom had died of consumption at the age of twenty and fifteen respectively. Mrs. W. had never been a strong woman, but had passed her labors easily and apparently without any evil consequences. About two weeks

before she began to cough, and since yesterday is entirely hoarse. She has had no fever, her appetite has been poor, her bowels and urine normal, though somewhat high-colored. (No examination was made of the urine.) Her color is pale, no indication of cyanosis; there is neither edema, dyspnea, or headache. She can not talk above a hoarse whisper; her coughing spells are moderately frequent and severe; no pain. The lungs present no signs of hepatization; sibilant and sub-crepitant râles are heard anteriorly and posteriorly over both lungs; they seem more numerous and well marked on the left than upon the right side. The temperature is normal, the pulse is moderately full, 120, regular; the heart's action is regular, there are no abnormal sounds. Prescribed hydrarg. bichlor. and ipecacuanha every two hours; and digitalis, opium, and ipecacuanha, each gr. j, every four to six hours.

On 5th, report came that patient was much improved, that her cough was better, that she could do without the sedative powders, but that her hoarseness was unchanged. Prescribed a mixture of

Potass. iodid., . . . . .	grs. ijss;
Hydrarg. bichlor., . . . . .	gr. $\frac{1}{12}$ ;
Fl. ext. glycyrrhiza, . . . . .	℥ ss. M.

Every four hours.

On 6th, word was brought that the hoarseness was better; that she had very little cough, no fever. During night of 5th diarrhea had set in, with considerable griping, but without tenesmus. She had been up five to six times during the night. The passages were reported as dark, no blood or mucus. Prescribed

Opium, . . . . .	gr. j;
Calomel, . . . . .	gr. ss. M.

Every two, four, or six hours.

On 8th, at 10 A. M., I was summoned to her, the messenger stating that she had miscarried the night before. It seems that under the opium and calomel the griping had ceased, the stools had become fewer in number, though she still continued to pass five or six easy, dark operations in the twenty-four hours, with

the same number of empty urgings. At 3 A. M., on the 8th, she had a call to relieve her bowels, her attendants being fast asleep. She had gotten up over the vessel, when suddenly, without apparently any premonition or pain, the child was projected upon the floor. Her husband and his mother succeeded, after some delay, in getting her into bed. The child, a well-developed male of about six pounds, was separated from the cord. It lived till 1 A. M. of 9th, when paralysis of the lungs set in, respiration never having become completely established. There had been but little blood lost; the secundines came away normally. When asked whether she knew what had happened, she said that she did not, and when the child was handed to her she patted it on the head.

When seen at 12 M. of 8th, Mrs. W.'s condition was as follows: Surface of body and extremities was warm; she was semi-conscious, responding to questions correctly but tardily, sighing at times, tossing about in bed frequently; eyes wild, pupils not dilated; tongue fully extended, sooty; pulse 160 to 180, barely perceptible; heart's action feeble, but beats regular; respiration easy, not accelerated; no dyspnea; hardly any cough; voice almost clear; bowels have moved two or three times since birth of child; uterus fairly well contracted; some after-pains, at least she complains of pain in lower abdomen. Ordered

Opium, . . . . . gr. j;  
Camphor, . . . . . grs. iij;  
Fl. ext. ergot, . . . . . gtt. xxx. M.

Every three hours, and when improvement sets in every four hours.

She seemed to improve somewhat after each dose of medicine, appearing stronger, the pulse fuller, taking notice of things, and attempting to take part in conversation; but the effects were not lasting, and by 9 A. M. of the 9th she died, twenty-one hours after the birth of the child.

The only way that I am able to account for the sudden and unexpected onset of labor in this woman, its lightning-like course, and the fatal shock her nervous system sustained in consequence, is as follows: Originally a weakly woman, her powers

of resistance were still more enfeebled by the catarrhal affection under which she was laboring, and the constant dread which haunted her that she would sooner or later fall victim to the same disease as her brother and sister. Owing to some undiscovered cause her previous labors had been rather sudden in their onset, rapid in their course, and unaccompanied with much suffering. She was really very near her full time, although she believed she still had a month before her, for the child was to all appearances fully matured. The instantaneous emptying of the abdominal cavity gave rise to shock, the more profound the more sudden it was, and from which, owing to her already depressed nerve force, she was wholly unable to rally, at least not without more prompt medical attention than she received.

It is in this concatenation of causes alone that I can find any sufficient explanation of the sudden setting in, the disastrous course and fatal results of the labor. It being impossible to anticipate, I could therefore in no wise modify the terrible issue. Yet I can not rid myself of the thought that these deaths are accidental, that it is possible to avert them. I verily believe that if I could have seen these fated beings at the time labor occurred, or immediately after, I might have been permitted to save the life of the mother as well as that of her babe.

MT. VERNON, IND.



## Reviews.

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**Practical Pathology.** A Manual for Students and Practitioners.

By G. SIMS WOODHEAD, M. D., F. R. C. P. E., Demonstrator of Pathology in the University of Edinburgh; Pathologist to the Royal Hospital for Sick Children; late President of the Royal Medical Society, etc. With one hundred and thirty-six colored plates. 1 vol., 8vo, pp. 484. Philadelphia: Henry C. Lea's Son & Co. 1884.

There is no lack of text-books on pathology, yet the subject is so vast and the continued research so fruitful in results that new works appear at short intervals. This is not to be wondered at; pathology is the basis of clinical medicine, and a growing appreciation of its importance is apparent in the increased facilities for its study furnished by leading medical colleges.

The present volume not only deals with the results of a practical study of pathology but also of correct methods. It is not a complete systematic treatise, but just what the author appears to have designed it to be, a text-book whose province is "to aid and supplement oral instruction in practical pathology." Where it was expedient the author has entered into the consideration of normal histology and the text is well, though not copiously, illustrated with colored plates of great beauty and excellence.

The first seventy-five pages are devoted to directions for the proper execution of practical pathological work, including post-mortem examinations, the instruments needed and manner of removing the organs, etc. Rather full directions are also given as to the preparation and examination of microscopic specimens and the methods of staining and mounting them.

The pathology of the liver, the heart, blood-vessels, kidney, lung, alimentary canal, bones and joints, and nervous system

takes up the bulk of the volume. The last three chapters are devoted respectively to tumors, parasites, and vegetable parasites. It is a work that gives promise of great usefulness, and ought to be generally employed.

The description of morbid states is clear, accurate, and satisfactory. The most important pathological conditions are dwelt upon at length, and matters of less weight are generally disposed of with commendable brevity. The paper and typography are excellent, and, as already remarked, the plates are remarkably fine.

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**Lectures on Diseases of the Nervous System.** Delivered at Guy's Hospital, by SAMUEL WILKS, M. D., F. R. S. Second edition. Philadelphia: P. Blakiston, Son & Co. 1883.

The first edition of this book is usually judged to be one of the most interesting and practical treatises on the subject in our language.

The clinical cast of the lectures admits of a free and popular style, and the arrangement according to symptoms is natural and easy to understand. The changes made in the nomenclature by German writers having been generally adopted, the author in deference to the tendency has re-classified and re-named many of his old cases.

The advantage of uniformity in pathological considerations is obvious, but it is not obtained without some loss. For instance, there is an every-day convenience in the term *spastic paraplegia*, describing as it does an unquestioned symptom. To give any other name with as much certainty of being right would require far more knowledge than we now possess. Who shall say without reservation that the case is a lateral sclerosis, when it may be chronic meningitis, or a pressure lesion, or perhaps an hysterical symptom only?

In applying these new-system titles a judicious man will be very careful, for, as Dr. Wilks truly says, "there is not a single

organic disease of the nervous system which may not be simulated by a functional and curable one."

In dealing with hysterical manifestations, Dr. Wilks shows a familiarity with the many-headed monster gained by years of experience. In this part the second edition contains much that is new.

His argument to prove that the phenomena of hemi-anesthesia and metallo-therapy belong to this category is clear and convincing. According to his view, hysteria, though often associated with a moral obliquity which makes feigning probable, is itself not a sham state. When there is want of will to move and abeyance of sensation at the same time, he supposes the brain healthy but not at work, like a watch that stops, not because seriously damaged but because it lacks winding up. He concedes as established the phenomena of metallo-therapy recently brought out by the experiments of Burq and Charcot, but draws attention to the fact that disks of wood and sinapisms have produced the same effect as metals and magnets. He reports a case of his own which curiously confirms the statement of Burq, "that the external metallic aptitude being known, the same metal being administered internally will determine the same results as its external application." Gold sovereigns applied to her anesthetic limbs restored sensibility better than disks of lead or iron, accordingly one eighth of a grain of chloride of gold and sodium was given thrice daily. Although ignorant of the medicine she was taking, at the end of a month the patient was about well of her anesthesia, analgesia, and amyosthenia.

It is possible that any part of the nervous system may, without tissue change, become dormant or cease to functionize. If it be one hemisphere of the brain, then the phenomena of hemi-anesthesia will appear. Perhaps this lopsidedness is the cause of the moral obliquity so often observed in these patients. It would appear that, as the central cerebral masses must act together to keep the body in equilibrium, so the hemispheres be co-workers for the stability of the intellectual and moral man.

Space is lacking here for the ingenious logic and apt illustrations by which Dr. Wilks enforces this opinion. It is plain that the advocates of the "expectant-attention" theory will not be satisfied with it, nor will the Paris School give in their adhesion. As for the latter, who seek an explanation in the domain of electricity, their search must be vain from the nature of the facts investigated. The phenomena of "metallo-therapy" are worked by non-metallic substances also, by non-electrics as well as by electrics, by wood as well as by magnets, by mustard plasters, by surgical operations, by prayer, by "Our Lady of Lourdes," and by letting the case severely alone. All that Dr. Wilks feels justified in saying at present is, that "various kinds of influences, especially shocks, will arrest the functions of the brain or a part of it, and that various kinds of influences, especially shocks, will start it again in action."

Apropos of "shock" we turn to the lecture on Railway Spine, and there find some new matter concerning this not uncommon condition. There is a brief *résumé* of the conclusions of Mr. Herbert Page which throw doubt on Erichsen's well-known view of its pathology. Dr. Wilks finds it impossible not to accept much of what Page sets forth, namely, that the symptoms of railway spine are due, not to a definite injury of the cord, but to the physical effects of a violent shaking, to a moral shock, to the fright or to the continued attention given to their feelings during the time of litigation and in anticipation of the impending trial. Dr. Wilks is conservative enough, however, to cling to an opinion which we believe is equally warranted by the experience of others, that the physical shock of collision will stun the cerebro-spinal centers, and that in some cases this concussion will be the starting point of subsequent morbid changes.

In remarks on remedies, we find a new protest against the view that chloral can take the place of opium, and that the latter is greatly useful only to promote sleep, to allay pain or arrest a discharge. He emphasizes Sydenham's expression, that opium is "a most excellent cordial remedy," and confirms Dr. Savage's

opinion of chloral, that it aggravates all the symptoms of melancholia and will hasten suicide.

All in all, this is one of the most readable books and one of the most profitable in the reading that the profession has before it.

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**A Treatise on the Diseases of the Nervous System.** By JAMES ROSS, M. D., LL. D., Fellow of Royal College of Physicians, London, etc. Illustrated with lithographs, photographs, and three hundred and thirty wood-cuts. Second edition, revised and enlarged. New York: Wm. Wood & Co. 1883.

The eye is struck at once with the difference in the massing of material contained in the two volumes as compared with those of the first edition. These before us are of equal bulk, and more pleasing to see and to handle than the former thin first volume and too thick second volume. The cuts and photographs and lithographs are the same as before. To find any noteworthy difference one must look through the text carefully. There is the same display of thorough preparation by consulting all the authorities, the same philosophic turns of thought and phrase smacking of Herbert Spencer and his system of evolution.

It is observable that the references which formerly were limited to the writer's name are now given in foot-notes which state the book, its edition and page. To the special worker this is an addition of some value. At many points paragraphs are introduced which present the author's more natural observation, and some of these we have had reason in personal experience to confirm. The reader will be impressed with the conscientious treatment bestowed upon the subject in every relation. Nothing that is true is of too little consequence for the author's mention. In a branch of medicine so complicated, which draws so largely upon knowledge of physiology and anatomy, it is a decided convenience to have all this correlated matter put in

the same covers. Cyclopedic in size, careful and painstaking in the collection of facts, discriminating, and in the main just in its judgments, we know of no work on the subject that has as much to commend it as Ross's.

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**The Principles and Practice of Medical Jurisprudence.** By the late ALFRED SWAYNE TAYLOR, M. D., F. R. S., Fellow of the Royal College of Physicians of London. Third edition. Edited by THOMAS STEVENSON, M. D., London, Fellow of the Royal College of Physicians of London, Lecturer on Medical Jurisprudence and on Chemistry at Guy's Hospital, Official Analyst to the Home Office. In two volumes, 8vo., pp. 727 and 657. Philadelphia: Henry C. Lea's Son & Co. 1883.

Since the appearance of the second edition of this classical work its celebrated author has passed away. The work is so highly appreciated, and so widely known and frequently referred to by all who in any way become interested in the subjects of which it treats, that nothing need be said of its merits.

The task of preparing this, the third edition, has been ably and very judiciously performed by Dr. Stevenson, who for many years was associated with the lamented author in Guy's Hospital. The work has received additional value through the labors of the editor. Redundancies have been pruned to a degree that has rendered the book less bulky; new illustrative cases have been added; some parts have been rewritten. This seemed necessary on account of recent advances in forensic medicine, and is especially true in regard to the chapters on poisoning.

It is a work which must have a place in every well-selected medical library.



### **Clinic of the Month.**

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HEAD INJURIES ; THREE CASES.—Dr. W. O. Roberts, Professor of Surgical Pathology and Operative Surgery in University of Louisville, reports : January, 1884, I was telephoned that a brakeman had fallen from the top of a railway train and received injuries which claimed my attention. I entered the caboose expecting to find the man, whom I saw lying upon a bench, badly injured, when to my surprise he got up and told me that, except a few cuts about his head and some bruising of the chest, he was not hurt.

An examination revealed but one wound of any consequence ; this was near the center of the forehead, about an inch in length, and, though it extended to the bone, there was no evidence of fracture. There was also a small punctured wound just above the occipital protuberance. The face was scratched in several places. During the examination the patient answered questions rationally, until asked where he lived, when he said, "Wenzel and Jefferson." Upon hearing this answer the conductor said, "No, Jim, you are wrong, you live on Southall Street!" To which the patient replied with an air of ill-humor, "Yes, that is where I live." I then asked him why he had said he lived at Wenzel and Jefferson. He seemed to be irritated by the question, and answered : "I don't feel like a steamboat, any way."

The patient now left the caboose with me, walking to my coupe, a distance of three squares. We were driven to Southall Street, and stopping in front of what I thought to be his home, I asked him if that was his house ; he answered, Yes. We got out of the coupe, and I knocked at the door. The patient then remarked that his folks were all asleep, and going round to a side door, where he was in the habit of entering his house, came directly with a lamp in his hand to the front door and let me in.

I asked him the time ; he looked at his watch, and told me the hour correctly, as I saw by a glance at the timepiece. I went with him into an adjoining room, and told his mother and sister his mishap ; gave some directions as to the management of the case and left.

At my visit the next morning the man was comfortable and able to converse rationally ; but on questioning him closely as to his night's experience, I found to my surprise that he remembered nothing that had happened after going on top of the car from which he had fallen.

I learned from the conductor and a fellow-brakeman, who were present, that he had fallen from the car at Anchorage, but that he was not missed by the train-hands until the train had gone a mile beyond the station. Stopping the train the conductor and a brakeman walked back to look for him. They found him walking down the track toward the train. He talked like a man in full possession of his senses, but was unable to tell how he happened to be left behind. On the way to Louisville in the caboose they saw nothing wrong with him, except that he was cross and irritable in temper.

His sister said that when he entered her room the night before he asked her for a light. When told that the lamp was on the mantel and the matches on the window-sill, he found them both, and lighting the lamp went immediately to the front door where I was in waiting.

Surprised at these statements, I questioned the man still further relative to his experiences during the night, when he assured me that all he could recollect was, that when the engineer blew for brakes he went on top the box-car to put them on. From that time until late the following morning his existence had been a blank, and he was quite as much surprised on hearing of his actions of the previous night as were his friends on finding that he did not remember them.

When I asked him how he came to direct me to Jefferson Street instead of Southall, he could make no explanation, but his sister informed me that up to a year ago they had lived on Jefferson.

This case is a striking illustration of the effect of shock upon the memory, as regards events occurring at the time of and immediately following the injury. The fact is of especial importance from a medico-legal point of view. Several cases of this kind were reported by the late Prof. R. O. Cowling in the *American Practitioner*, April, 1876, and Mr. Savory calls attention to the phenomenon in a recent article published in the *British Medical Journal*.

My patient made a complete recovery.

CASE II. On January 7, 1882, I was called in consultation with Dr. Durrett, of Jefferson County, to see John Phillips. The patient at this time showed symptoms of compression, the result of a blow upon the head received some months before. The history of the case, as furnished by Dr. Durrett, is as follows :

On November 7, 1882, the patient was struck by a stone which cut the scalp at a point near the junction of the parietal with the occipital bone of the left side. For the space of four days after the injury he showed no untoward symptom ; but after this he grew feverish, and complained of pain in the head. A physician was called, who, not being informed of the injury, told the patient that he was about to develop typhoid fever, and treated him accordingly.

On the eighth day Dr. Durrett saw him for the first time, and diagnosed inflammation of the brain. On the tenth day the patient had a violent convulsion, which was followed by partial paralysis of the right side of the body ; but these symptoms disappeared within a week's time, and the doctor discontinued his visits.

On the 28th Dr. D. was again summoned, and found well-marked head symptoms. The patient had on that day a slight convulsion, which was followed by paralysis of the right side, and dilatation of the left pupil. During the eight days in which he was without medical attention, the patient complained of pain in the head, which followed immediately upon any exertion. From the last named date, the head symptoms and paralysis grew steadily worse until, a few days before my visit, the patient

passed his water in the bed. During this time his bowels had been so constipated that powerful cathartics, assisted by enemas, were necessary to produce an action.

At the date of my visit his condition was as follows : Pulse, 70 ; temperature normal ; left pupil greatly dilated and fixed ; right side gave evidence of paralysis ; the muscles, however, responded when the skin was severely pinched ; but in no other case did the patient use the limbs of this side. He could use the left side, and continually tossed the left hand up to his head.

An examination of the seat of the wound revealed a thin cicatrix, which gave evidence of fluid beneath. This I punctured with a probe, when a quantity of pus escaped, and roughness of the bone could be detected by the probe. At this juncture I suggested an exploratory incision, to be followed by trephining if the condition of the case should warrant it. Dr. Durrett agreeing to this procedure, on the following morning, assisted by this gentleman and Dr. Skinner, I dissected up a flap and laid the bone bare. This showed that the fracture extended through the outer table of the skull only, and the fragment of bone being loose, it was removed. There was no sign of fracture of the internal table, nor evidence of pus between this and the dura mater, the circulation in the bone being perfect. We therefore decided not to use the trephine.

From this time on the symptoms grew steadily worse, and the patient died comatose three days afterward. A post-mortem examination revealed no lesion in the immediate neighborhood of the injury, but an abscess about the size of a hen's egg was found in the lower portion of the left anterior cerebral lobe, which was evidently due to a lesion made by the counter-stroke of the blow, and which demonstrated the wisdom of withholding the trephine.

CASE III. A girl, seventeen years of age, a few months since fell down a flight of stairs. Her head struck the floor with considerable force, but the patient did not lose consciousness. Complaining of great pain in her head, she was carried to her room and put to bed. In a half hour after the accident the

patient became totally blind. The pupils were largely dilated, the lids were wide open and the eyes staring. Dr. W. Cheatham examined the eyes, but found no evidence of injury to the globe itself. The pain was located chiefly in the back part of the head. Thirty grains of potassium bromide were now prescribed, and the patient had a sleep which lasted three hours. On awaking her vision was restored. This symptom, if not hysterical, was probably the result of concussion of the posterior cerebral lobes. I was at first fearful of hemorrhage, because of the absence of shock and the length of time intervening between the moment of the injury and the development of the blindness; but no symptom pointing to this condition presented itself, and the patient had no further trouble.

**AN IMPROVED METHOD IN TREATMENT OF CERTAIN FORMS OF SKIN AFFECTION.**—P. Albert Morrow, M. D., Clinical Lecturer on Dermatology, University of the City of New York, writes, in the *Medical Record*, that the method of treatment indicated consists in the application of medicinal substances to the skin in the form of fixed adhesive preparations. Its object is to confine the drug to the diseased surface alone, and maintain it in prolonged contact with the tissues by a practically immovable dressing.

A number of procedures have been employed: Applying the drug in the form of a powder or paste, and retaining it in position by a layer of collodion or a piece of gutta-percha tissue; by an admixture of the drug with a gelatine mass, which is painted over the surface, forming a thin adherent layer, with the addition of glycerine to render it soft and pliable; by the application of a thin layer of collodion or gutta-percha solution, holding the drug in liquid suspension; by incorporating the drug with adhesive-plaster muslins, the basis of which is gutta-percha, shaped to admit of accurate adjustment.

Their introduction dates back one to two years, but sufficient time has elapsed to enable us to test their efficacy in a variety of cutaneous disorders, and few will deny that their introduction marks a decided advance in cutaneous therapeutics.

To Dr. Fox, of this city, belongs the credit of being one of the first to originate an expedient for confining the action of chrysarobin to the affected patches. Two years ago he suggested the employment of this drug in powder, or mixed with water, forming a paste which was applied upon the psoriatic patch, and retained in place by a layer of collodion spread over the surface, or by covering it with a piece of gutta-percha tissue, the edges being rendered adhesive by touching them with chloroform.

Seseman, in 1883, proposed the use of chrysarobin suspended in collodion, which is painted over the surface, forming a thin adherent coating. The medicated collodions now embrace a large number of drugs, and are used in a variety of conditions. They have the advantages of being always ready for use, convenient of application, perfectly cleanly, and remain fixed upon the skin for some time.

Pick, of Prague, proposed the use of gelatine dissolved in water as a convenient vehicle for the application of drugs to the skin. The formula for its preparation he gave as follows: 50 parts of pure gelatine are dissolved in 100 parts of distilled water, the active ingredient is added in any desired proportion, and thoroughly admixed by continuous stirring. This medicated gelatine may be immediately applied or turned into a convenient receptacle, where it solidifies into a cake. When required for use, portions of this may be melted in a shallow vessel placed in hot water. It is then applied by means of a short stiff brush over the surface in a thin layer. A small quantity of glycerine is smeared over the gelatine coating with the hand, which prevents it from drying and cracking. This thin, flexible dressing remains fixed to the skin for a day or two, and may be peeled off, or readily removed by the use of a little hot water. In addition to its cleanliness and other advantages, it is claimed that a view of the diseased parts may be had through the transparent dressing, thus rendering the progress of the disease visible without removing the application. I have found, however, that this transparency is rather an uncertain element, depending altogether upon the character of the medicament employed.



Unna, of Hamburg, proposes a modification, which may be regarded as an improvement upon Pick's plan. It consists in combining glycerine directly with gelatine before it is spread upon the surface. Glycerine jelly is made by boiling one part of gelatine with three or four of glycerine, until they form a translucent mass. When required for use, a portion of this mass is liquefied by heating, the medicinal ingredient, being finely rubbed up with water or glycerine, is then added, and the resulting compound well shaken until it becomes a tenacious fluid. He employs the gelatine in varying proportions, resulting in the formation of hard and soft glycerited gelatines, containing respectively five, ten, and twenty per cent of gelatine.

Mitchell, of Philadelphia, manufactures a number of medicated gelatine plasters in quite convenient shape.

Prof. Auspitz proposed the use of a vehicle, which he terms traumaticin, as more convenient than either collodion or gelatine in the application of chrysarobin and certain other drugs, as pyrogallic acid, salicylic acid, etc. This consists of a ten-per-cent solution of refined gutta-percha in chloroform, and corresponds to the liq. gutta-perchæ, U. S. Ph. Among the advantages which he claims for traumaticin as an excipient may be mentioned the following: It forms a thinner and more delicate artificial cuticle than either gelatine or collodion; it is more durable, adhering to the skin two or three days or longer without cracking; it is neutral and unirritating, causing neither tension nor pain; it is more elastic, its flexibility admirably adapting it as a covering for the joints, as it yields readily to the motion of the parts; it is always ready for use, and, as it hardens more slowly, it admits of a more thorough application.

Another method for the topical application of drugs is gutta-percha plasters. Although not absolutely new in form, yet in their composition, impermeability, adhesiveness, and other qualities, they constitute a decided improvement upon the lead and resin plasters. These preparations consist of plasters spread on muslin, the basis of which is gutta-percha, combined with different drugs in varying proportions, some emollient, others

strongly stimulant. They possess decided advantages in cutaneous disorders localized in certain regions, such as the palms, soles, fingers, toes, and interdigital spaces, on parts habitually in contact, such as eczemas of the anus and genital regions, the crease of the thighs, etc. They are cut into narrow strips or other convenient shapes, so as to admit of accurate adjustment.

Having described the new modes of applying drugs to the skin, it remains to examine the verdict which clinical experience has passed upon their value. As before intimated, this class of preparations was the outcome of an attempt to obviate the ill effects of chrysarobin—a drug which, while possessing a wonderfully curative action, was found to be equally potent for mischief. By its employment in any of the fixed forms above mentioned, its obnoxious qualities are entirely suppressed without impairing its efficacy in any marked degree.

In psoriasis, all agree that the results are much more satisfactory than by any other method of treatment. Referring to its combination with collodion, Dr. Fox says: "Now it is a comparatively simple matter to cause a speedy disappearance of the scales in nearly every case. And it is another step in advance which has superseded the ointment of chrysarobin by applications of the remedy which do not ruin the clothing and inflame the healthy skin." He has found that the efficacy of chrysarobin collodion is materially enhanced by the addition of ten per cent of salicylic acid.

"In chronic eczema of the trunk and extremities, where there is much thickening of the skin with no moisture on the surface," Dr. Fox claims "that the compound chrysarobin pigment will produce as rapid and beneficial effects as in cases of psoriasis." He has also employed this combination in lupus erythematosus, in acne of the back, and in other diseases, with good results.

Auspitz reports admirable results from the use of his traumaticin chrysarobin in the treatment of psoriasis. After from two to twelve applications, according to the extent and severity

of the disease, the infiltration and scales disappear, leaving in their place white spots bordered by a red or violet-brown line.

He claims that the most satisfactory results are obtained by the same treatment in prurigo, in eczema marginatum, and other parasitic diseases. In prurigo the application of the chrysarobin traumaticin immediately relieved the itching and in a few cases, after from two to six applications, the nodules had disappeared.

Besnier, of the Hospital St. Louis (January, 1884), extols the superior efficacy of this mode of treatment in ordinary cases of psoriasis. After removing the scales he vigorously rubs the patches with a small brush of hog bristles dipped in chloroform containing fifteen per cent of chrysarobin. The chloroform rapidly evaporates, leaving a deposit of pure chrysophanic acid. This is then covered with a coating of traumaticin by means of a flat varnish-brush. He also employs an ethereal solution of pyrogallie acid, ten per cent, in the same manner. He regards naphthol as admirably adapted for employment in the gutta-percha solution, constituting an instantaneous means of destroying animal parasites.

Pick reports equally favorable results in psoriasis from the use of the glycerited gelatine, medicated with ten per cent of chrysarobin or twenty per cent of pyrogallie acid. He has found the glycerine applications of especial efficacy in the treatment of chronic scaly eczema, and eczemas associated with varicose veins. In erythematous conditions due to the action of cold, glycerited gelatine containing five to ten per cent of salicylic acid has been applied with advantage, particularly in frostbites of the ears, nose, and fingers; the layer of gelatine exerts an equable and gentle pressure upon the parts and in this way hastens the absorption of inflammatory products. He also extols the the salicylated and carbolated preparations in pruritus, both idiopathic and symptomatic.

In Billroth's clinic, iodoform collodion is used in immense quantities, and regarded as a sovereign remedy in fresh cuts and bruises. Iodoform and corrosive-sublimate collodions are used for condylomata and syphilitic scleroses.

Taylor, in last edition, "On Venereal Diseases," states that he has employed the compound chrysarobin pigment with benefit in hypertrophic and vegetating papular or tubercular syphilides.

Thin reported a number of cases of thickened, hardened epidermis occurring upon the hands and feet, which were effectually relieved by salicylic gutta-percha plasters. In some of these cases the condition had existed for years, interfering with locomotion and occasioning great discomfort. In one case the whole ball of one foot and part of the surface of the other was covered with a layer of epidermis of extreme hardness. In this hard layer there were small isolated horny formations of the nature of corns, which produced the sensation as if the patient were walking on shot or small stones. By the use of the salicylic gutta-percha plaster the hardened mass came off, leaving a delicate rose-colored epidermis. The cure is effected without inconvenience or pain, or interfering with the ordinary avocation.

My experience in the treatment of psoriasis coincides with the brilliant results already given. In psoriasis affecting the face and hairy scalp, I have applied the chrysarobin to affected patches without exciting conjunctivitis, edema of the face and eyelids, and other ill effects inseparable from the use of the drug in ointment in these localities.

I have found these combinations particularly serviceable in chronic eczematous disorders, especially when characterized by thickening and induration of the skin with excessive pruritus. Even in a more acute stage, when there is active congestion with exudation, the use of the gelatine, medicated with ten-percent oxide of zinc, has given good results. I have also used the same preparation with decided benefit in a number of cases of eczema rubrum of the legs. In one case the patient was an old gentleman who had for many years chronic eczema involving the face, genitals, and other portions of the body. The skin of the face was much thickened and infiltrated, giving it an almost elephantiasic appearance. Exposure to the cold caused it to

crack and fissure, especially around the nostrils and the angles of the mouth. The itching was positively atrocious, the patient being unable to sleep, and in a constant state of the most acute discomfort. The various emollient and antipruritic ointments failed to give more than momentary relief. A single application of the gelatine, medicated with ten-per-cent oxide of zinc and one-per-cent carbolic acid, gave instantaneous and complete relief, which lasted for several hours, until the artificial cuticle began to crack from constant movements of the facial muscles. Not only was the itching relieved, but the vigorous rubbing and scratching which the patient could not before control, and which continually aggravated the eruption, was entirely done away with. After a few days' daily painting with this preparation, the cracks and fissures healed, and the induration had almost entirely disappeared. A feature of this case furnished a fair test of the comparative advantages of the new and old method. Over the eyelids the gelatine coating could not be applied, for obvious reasons, and the orbital surface was treated with oleate of bismuth ointment. After a few days' treatment one could trace by the touch alone the exact line at which the gelatine coating terminated. Above this line the skin was harsh, dry, and thickened; below, it had the soft, supple feel of healthy skin.

I have used a five-per-cent salicylic acid collodion in acne rosacea and chronic erythema of the face with good effect, and a stronger preparation for corns, warts, and tylosis of the hands and feet. I have also used chrysarobin suspended in collodion and the gutta-percha solution in two cases of chromophytosis, and in a number of cases of tinea capitis. In addition to the remarkable anti-parasitic action of chrysarobin, we secure more or less complete occlusion of the surfaces, thus preventing the access of oxygen, so favorable to the growth and development of the parasite.

As regards the comparative advantages of the different excipients which have been proposed for the fixation of drugs upon the skin, not all experimenters agree. My own experience leads me to the conclusion that each possesses special advantages,

determined by the nature of the diseased process, the character of the circulatory changes present, its sensitiveness, localization, etc. In extensive generalized eruptions, when the skin is actively congested and sensitive, gelatine preparations are the most soothing and easily borne; both collodion and traumaticin cause more or less pain, tension, and irritation.

In chronic disorders, where there is passive congestion or sluggishness of the circulation, the more continuous and decided compression exerted by the collodion combinations renders them preferable. Upon mobile parts, such as the region of the joints, the gutta-percha preparations, from their greater flexibility and elasticity, are to be preferred. As far as manipulative details are concerned, the collodion and gutta-percha preparations are superior in the matter of convenience and ease of application, besides being always ready for use.

A summary of the advantages offered by fixed, adhesive applications may be given as follows: first, complete protection, and exclusion of the air from diseased surfaces; second, fixation of the drug upon the affected parts, thus securing greater precision and permanence of action; third, maintenance of a gentle and uniform compression, thus modifying circulatory changes and limiting exudative products; fourth, comparative cleanliness.

A careful study of the results of the use of these preparations in the hands of others, supplemented by my own experience, justifies me, I think, in formulating the following conclusions: That the introduction of fixed, adhesive applications in the treatment of certain forms of skin affection, marks a veritable advance in cutaneous therapeutics.

That they are admirably adapted for the employment of certain powerful stimulating drugs recently introduced into the dermatological practice, as well as other standard drugs.

That they constitute the most effective mode of applying drugs in certain pathological conditions characterized by hyperemia of the dermas with inflammatory overgrowth of the epithelial elements, as in psoriasis and dry, scaly eczema.

In conditions characterized by hyperplasia of the cuticle, as



in callosities, corns, and overgrowths of thickened, hardened epidermis, etc.

In conditions of capillary congestions of a passive character, as in acne rosacea, chronic erythema, etc.

In certain neurotic conditions, not only in essentially pruriginous diseases, as prurigo, but in the pruritus symptomatic of other affections.

In circumscribed lesions generally, as tinea circinata, tinea capitis, eczema marginatum, chromophytosis, syphilitic scleroses, lupus, and, possibly, epithelioma.

INTERNAL ESOPHAGOTOMY IN CICATRICAL STRICTURE.—Henry B. Sands, M. D., Professor of Surgery in the College of Physicians and Surgeons, New York, in an exhaustive paper on this subject, contributed to the New York Medical Journal, details a successful case and describes an esophagotome of his own, and then gives a brief *résumé* as follows:

1. Gradual dilatation is usually and, in my opinion, justly regarded as the safest and best mode of treatment, whenever it is practicable. It is much to be regretted that this method is not always resorted to as a preventive measure, or in the incipient stage of the disease before cicatrization has taken place. It is a fact, however, that the surgeon's aid is rarely sought until the stricture has become narrow and deglutition difficult. I have little doubt that, in many cases, the formation of a stricture might be obviated by the frequent introduction of a full-sized bougie while the healing process is going on; and I believe it should be the rule to commence such treatment within a week or ten days after the injury has been received.

If a stricture is impermeable to instruments, dilatation is of course impossible; but even when bougies can be readily inserted, dilatation is not always successful, as some have maintained, in restoring the distensibility of the contracted parts. Nor is the introduction of dilating instruments always safe, especially when the stricture is narrow. I am able to recall two cases occurring in my own practice in which an abscess was caused by what I

thought at the time to be a cautious use of an elastic bougie. One of these patients recovered, the other died; the fatal event being partially attributed to an accidental perforation of the esophagus, which led to deep-seated suppuration. A similar accident occurred in the hands of Maisonneuve, who perforated the esophageal wall with a hollow sound, and, believing that the instrument had entered the stomach, injected a quantity of beef tea into the posterior mediastinum, causing the patient's death on the following day. Finally, treatment by dilatation often requires to be continued indefinitely in order to prevent recontraction; and, as in the case of urethral stricture, persons suffering from stricture of the esophagus are notoriously prone to neglect themselves, avoiding dilatation until it becomes difficult or impossible.

2. When the stricture is narrow, yet permeable, is of slight longitudinal extent, not exceeding perhaps a centimeter, and can not be dilated to a size sufficient to permit easy deglutition, I believe the operation of internal esophagotomy to be the most hopeful expedient at present within our reach. I admit that it can not be performed without some risk, which indeed it may be impossible to estimate; but this is warranted by the hopeless character of the disease, and by the results of the alternative operation of gastrostomy. Perhaps the danger attending it may be diminished by proceeding in the cautious manner I have described, so as to avoid injuring any of the important parts which lie outside the esophagus. The amount of benefit to be derived from the operation will depend on the form and extent of the existing lesion. If the stricture is occasioned by a narrow ring of fibrous tissue, or by a valve-like membrane, a radical cure will probably ensue when this has been divided. In most cases, however, the operation will prove only an aid to dilatation, rendering this practicable, and perhaps occasionally successful in accomplishing a radical cure. In proportion to the length and induration of the stricture the utility of internal esophagotomy will diminish, and in many cases it would be obviously unwise to attempt it.

3. Boeckel has recently reported two cases of impermeable stricture which he claims to have cured by electrolysis. An esophageal tube, armed at its distal extremity with a small ball of copper, was introduced down to the stricture, and then connected by means of a wire with the negative pole of a galvanic battery, the plate connected with the positive pole being placed over the eighth rib, a little to the left of the spinal column. In one case, after three applications of from two to five minutes' duration, a bougie (No. 13) was passed through the stricture, which, after the tenth application, readily yielded to dilatation. In the other case, a bougie (No. 6) entered the stricture after a single application, larger bougies passing at every subsequent sitting. I am unable to determine the value of this novel method of treatment, but am inclined to consider as dangerous any such attempt to penetrate a stricture which will not admit a guide.

4. Strictures situated in the region of the neck, which are either impassable or can not be dilated, have been sometimes treated by external esophagotomy, the operation having usually been undertaken with the view of establishing a fistula through which the patient may be fed by means of a stomach-tube introduced through the fistula and into the stomach. Mackenzie has collected five cases, in four of which the operation was followed by death at periods varying from twenty-two hours to eight days. The fifth patient (Bryk's) is reported as having been alive at the end of seven weeks; a later account of this patient, however, is given by von Mosengeil, who states that the case terminated fatally from pyema six months after the operation. In this case the esophagus was opened above the stricture, which was three centimeters and a half in length, and was situated just below the level of the upper border of the sternum. It was treated by dilatation, and could be passed only by instruments introduced through the fistula; these caused severe pain, frequent hemorrhage, and finally a deep-seated abscess. In another case (Horsley's) the esophagus was likewise opened above the stricture, which was found to be impassable. No encouragement, therefore, is afforded to repeat this operation with the object of establishing

a permanent fistula, as there is no certainty that an opening can be made below the seat of obstruction. If the patient is doomed always to be fed through an artificial operation, gastrostomy is the operation which should be selected, as it secures a ready access to the alimentary canal below the stricture, and places the fistula in a situation where it can be easily hidden from view.

But evidence can be brought to show that external esophagotomy may be of great service by enabling us to deal successfully with strictures that are impermeable to instruments introduced through the mouth. Within the past year Guessenbauer has published an account of two cases of deep-seated stricture in which he achieved success by a method he calls combined esophagotomy. The first case was that of a woman, twenty-six years old, who suffered from a light stricture caused by swallowing sulphuric acid. The stricture extended from the cricoid cartilage to the bifurcation of the trachea, and, at the time of operation, was impassable to all instruments introduced through the mouth. The esophagus was laid open by an external incision and, when the margins of the wound were held apart, the operator passed a probe downward a distance of eight centimeters, where it was arrested at the point of greatest constriction, opposite the tracheal bifurcation. He finally succeeded in passing through the stricture a probe one millimeter in diameter, and then a very fine-grooved director, upon which, with a narrow bladed herniotome, he incised the cicatricial tissue in two directions, namely, forward toward the right and forward toward the left side. An elastic catheter, eight millimeters in diameter, was now introduced through the wound and into the stomach, and was retained until the fifth day for the purpose of increasing the dilatation of the stricture and of injecting fluid food. It was then removed; and until the fistula closed, three weeks after the operation, the patient was fed by means of the stomach-tube introduced through the mouth. A week later, when she left the hospital, she could swallow solids without difficulty, and could herself readily pass a bougie twelve millimeters in diameter. Neglecting to follow the advice she had received, to continue

treatment by dilatation, she returned to the hospital three months subsequently in the same condition as that first described, so that the operation had to be repeated. The wound in the neck healed at the end of three months, and when the patient was last seen, fourteen months after the second operation, the stricture admitted a bougie twelve millimeters in diameter. During the interval, however, she had suffered considerably in consequence of failure to practice frequent dilatation; and it seemed probable that this treatment would be required indefinitely in order to guard against recontraction.

The second case was that of a child, two years and a half old, who had become greatly reduced in consequence of a stricture due to the action of carbolic acid which had been swallowed two weeks after birth. Before the operation a bougie, three millimeters in diameter, was arrested at a point one centimeter below the cricoid cartilage; one, two millimeters in diameter, descended to the level of the manubrium sterni, while no instrument could be made to enter the narrowest constriction, which was near the cardiac orifice. By an operation like the one already described the strictures were incised, the incisions in the cardiac structure, which lay nine centimeters below the opening in the neck, being two millimeters in depth and six millimeters in length. The external wound closed in thirty-five days; treatment by dilatation was practiced, and when the child was discharged from the hospital, a week afterward, she was able to swallow solid food, and a bougie having a diameter of ten millimeters could be passed into the stomach. After the lapse of a year, when the case was reported, the patient still remained well, dilatation being continued by passing bougies once a week.

A third case, in which a similar operation was successfully performed, has just been recorded by Bergmann. In this instance the stricture, which was caused by the action of oxalic acid, was situated in the neck, at the level of the third tracheal ring. The patient was an adult; and, although before the operation the stricture appeared to be impermeable, it was successfully penetrated after the parts were exposed to view; and the

division of a valvular cicatricial fold with a tenotomy knife enabled the operator to pass a full-sized esophageal bougie into the stomach. The opening in the neck healed at the end of five weeks, and the patient, when exhibited three months after the operation, at a meeting of the Berlin Medical Society held last October, was able to pass easily a full-sized bougie.

5. Gastrostomy, when performed merely with the intention of establishing permanently an artificial opening in the stomach, is at present regarded with considerable favor; but it can never be any thing more than a last resort in cases otherwise hopeless. Alsberg's statistics, which are the most complete I have been able to find, show that gastrostomy has been performed in nineteen cases of cicatricial stricture. Ten of these patients died within the first few days, mainly from peritonitis; four survived, respectively, seven, eight, fifteen, and eighteen months, while five were supposed to be living at the time of the report. Probably these are the cases alluded to by Lefort, who has recently said that five persons were known to be alive at the following periods after operation, namely, four months and a half, eight months, twenty months, two years, and three years. These results justify a resort to the operation in certain cases, and it is reasonable to hope that, with increasing experience, the percentage of mortality attending it may be considerably reduced.

Finally, within the past year, Bergmann has achieved a brilliant success in the treatment of a deep-seated stricture by a method which is both ingenious and original. Already Schede had proposed, and Trendelenburg had attempted, but in vain, the dilatation of an esophageal stricture by means of instruments introduced through a gastric fistula previously established. Bergmann's patient was a man, forty-four years of age, who had an impassable stricture, forty centimeters from the incisor teeth, due to the action of caustic potash. Gastrostomy was performed on January 29, 1883, and recovery took place without accident. But it was found impossible to prevent a constant escape of the contents of the stomach; and the patient's condition seems to have been very miserable. It was therefore determined to attempt the



removal of the stricture. After several trials, the esophagus was successfully explored by introducing a sound through the mouth while the forefinger was pushed upward through the cardiac orifice; a membranous septum was then discovered, separating the sound from the finger. This was too thick and firm to allow safe and easy perforation by the sound, while the close proximity of the heart and the descending aorta forbade an attempt to divide it with a knife. The obstructing membrane was at last safely perforated by the compressing action of a metal clamp, the blades of which were passed through the cardiac orifice to the seat of stricture and made to grasp the end of the sound, this being pressed against the septum so as to bring it between the jaws of the clamp. Perforation having been accomplished, the opening was dilated at first with pieces of compressed sponge, and afterward with sounds, until it admitted a bougie one inch in diameter. On May 21st the artificial opening in the stomach was closed by a plastic operation, the function of deglutition having been completely restored. The patient, when exhibited on October 10th, was in excellent health, and was able to introduce a full-sized sound into the stomach. Meanwhile, treatment by dilatation was being continued.

On reviewing the whole subject, we may conclude that certain forms of esophageal stricture, which have heretofore proved unmanageable, are no longer beyond the reach of surgical art; and that, in some of these, the internal esophagotomy is capable, not only of saving life, but also of re-establishing the function of deglutition, so essential to its enjoyment.

THE HOT-WATER "CURE."—The *Lancet* has some very timely remarks under this heading. It is probable that we have not yet begun to appreciate how widespread is the application of this so-called cure, nor how much mischief it is gradually producing. The article in question says very forcibly: There is no lack of evidence that crude or decomposing contents of the alimentary canal may be washed away by copious draughts of hot water, and that the apparatus of digestion thus

cleansed at short intervals will work better than when it is coated with *débris* and excreta. On the other hand, it is not less well known that the mucous membrane of the stomach and intestines may become permanently congested, and the essential parts of its structure—the organs of secretion and absorption—rendered habitually swollen and turgid, with the result of impairing their functions by too frequent “fomentation.” Like every thing else, the use of hot water as a “cure” needs to be determined by considerations of expediency, based on a precise judgment of the state and conditions in each individual case. If it should become popular to drink hot water largely, we shall soon be called upon to treat patients who have done themselves a lasting and, it may be, a serious injury by this practice. If it should happen that where there already exists a tendency to congestion, the blood-vessels are denied the opportunity of contracting and relieving themselves in the intervals of digestion, or if “gastric juice”—to use a popular term—slowly and laboriously secreted in cases with impaired or debilitated glands, be ruthlessly washed away by too frequent drinking, the “advantages” of the hot-water cure are not likely to prove welcome results of a “plan of treatment” which has been misapplied.

We heartily indorse these views as expressed in the *Lancet*, although we do not see how the gastric juice is to be ruthlessly washed away. As we understand it, the hot water is used only in the intervals of digestion, and as the gastric juice is secreted by the stimulus of food to be re-absorbed when it has performed its work of digestion, it could not directly be very much influenced.

FATIGUE, DROWSINESS, ETC.—GREEN LEAVES OF THE ERYTHROXYLON COCA.—In a pamphlet just published on this important drug by Mr. Thomas Christy, F. L. S., the writer gives an interesting account as to the efficacy of the fresh green leaves of this recently discovered therapeutical agent in combating fatigue and drowsiness, in allaying hunger, and in its beneficial effects upon the digestive organs. He also adduces cases in

support of the antidotal properties claimed for it in the treatment of victims to the opium habit. Mr. Christy strongly recommends coca to medical men and nurses and all who require to keep awake and on the alert for many hours, as a means of enabling them to go through their duties cheerfully, merely by chewing the leaves. In support of his statements Mr. Christy quotes cases of delirium tremens, phthisis, indigestion, lumbago, and dipsomania in which coca has been very successfully used, and he offers to send samples of the green leaves gratuitously to those medical men who are desirous of trying the effects of this drug on written application to his address, 155 Fenchurch Street, London. (Medical Press and Circular.)

**TREATMENT OF HOARSENESS IN SPEAKERS AND SINGERS.**—M. Corson advises the placing in the mouth of a small piece of borax, about two or three grains; it produces an abundant salivation and the voice becomes clear. He also recommends the use of a couple of grains of potassium nitrate in a glass of sugar and water, or an infusion of forty-six grains of jaborandi, and—shortly before using the voice—of a gargle with six or seven ounces of a decoction of barley, one to two drams of alum, and two drams of honey of roses. (*Rep. de Pharmacie.*)

**CHLOROFORM WATER IN THE NAUSEA OF BILIOUS REMITTENT AND INTERMITTENT FEVERS.**—This useful remedy can be easily extemporized at the bedside, by shaking a dram or so of chloroform in a bottle with water, and decanting. It calms the irritable stomach, and besides is very soothing to the headache which usually accompanies these fevers.

**MOVABLE KIDNEY.**—Dr. Henderson, in the Glasgow Medical Journal, reports a case of movable kidney permanently cured by a process of fattening. By this means he restored the normal fat about the kidney and fixed it in its natural place. (Detroit Lancet.)

## Notes and Queries.

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### IN MEMORIAM.

"——these external manners of laments  
Are merely shadows to the unseen grief."

Dr. Lunsford Pitts Yandell \* died suddenly in this city on the 12th of March. He was born on the 6th of June, 1837, at his father's plantation, Craggy Bluff, Rutherford County, Tenn. His father was the late Dr. L. P. Yandell, sr. His mother, Susan Juliet, daughter of David Wendel, of Murfreesboro, Tenn., added to uncommon personal beauty rare intellectual gifts and all those finer qualities which go to make up a lovely Christian character.

Lunsford acquired his scholastic education under direction of Prof. Noble Butler, the beloved educator who died in this city a short time ago. He got his degree in medicine from the University of Louisville in 1857. Two of his classmates are Profs. Sam'l W. Gross, of Philadelphia, and Austin Flint, jr., of New York. Among his teachers in the University were the eminent fathers of these two distinguished men. After graduating he continued his studies in the Louisville City Hospital and the Stokes Dispensary, then under the direction of his brother, Dr. David W. Yandell.

In 1858 he went to Memphis, Tenn., and engaged in practice. A year after he was appointed to the chair of *Materia Medica* and *Therapeutics* in the Memphis Medical College. In his first course of lectures, entered upon just after he had reached his twenty-second year, he gave promise of that terseness, clearness, grace, and force which distinguished all his future teachings.

\* The accompanying sketch is made up mainly from the pages of the Louisville Medical News for March 22d.

When the late civil war was declared he gave up his professional work and entered the ranks of the Southern army as a private soldier. He participated in the first battle of the Southwest, that of Belmont. A letter which he wrote from this field was soon after published in the Louisville Journal newspaper and was subsequently embodied in the United States History of of the War as containing the most graphic description of that engagement.

Gen. Polk, who directed the Confederate forces at Belmont, learning that Dr. Yandell was a private in the ranks, sent for him to come to his headquarters. On seeing him he said, "Yandell, we need men to carry muskets, but we shall need surgeons too, and one of your name belongs naturally to the medical department of the service. Please therefore report to the Medical Director of the army, who will assign you to duty in his department." He obeyed the order, passed the required examination and was appointed surgeon. Three years later he was sitting on his horse, along with other officers of the staff, within a few feet of Gen. Polk on Lookout Mountain, when the body of that dauntless commander and Christian gentleman was torn in twain by a hostile shell.

At the battle of Shiloh Dr. Yandell came under the immediate eye of Gen. Hardee, and was afterward, at the request of this spotless and successful soldier, assigned to duty as Staff Surgeon and Medical Inspector of his Corps—posts which he filled with distinction until the final surrender. In every engagement in which he took part he was complimented in orders by his commander, not only for his care for the wounded, but for gallantry on the field. In the very last battle of the war and almost with the last shot, the only son of his beloved chief fell from his horse, mortally wounded, into Dr. Yandell's arms.

When the strife was ended he was paroled, and selecting Louisville as his future home, he came here and at once engaged in professional work. Business quickly came to him, and was soon all he could do. Two years later he married Louise Ellison, of Nashville, Tennessee. The year after he spent with his

wife in Europe, where he applied himself with his characteristic industry to such branches of medicine as interested him most—among them diseases of the skin, a department in which he subsequently attained great distinction.

In 1869 he was made Professor of *Materia Medica* and Therapeutics and Clinical Medicine in the University of Louisville. This place he held until two years since, when he was transferred to the Chair of the Theory and Practice of Medicine, a position which his previous studies, discriminating application, and extensive experience so well qualified him to fill.

As a didactic lecturer, he possessed every element of attractiveness. Of commanding presence and pleasing voice, he delivered his teachings in a way so earnest and in words so simple and so choice that even the youngest and most inexperienced of his classes, followed him with unflagging interest. After even this high praise, it is still truth to say that the field in which Dr. Yandell excelled was as a clinician. Early in his medical studies he manifested a taste for the investigation of disease at the bedside. He loved the presence of the sick. His manner to the poor who crowded his clinics was so patient, so considerate, and so gentle, that often, scantily clad and wretched as they were, he invested them with a dignity and importance which made upon the minds of his classes impressions which were never effaced.

As a writer, his best continuous work, perhaps, was done in a series of clinical lectures on Dermatology, published some years back in the *Louisville Medical News*. In the conduct of this journal his editorial writings on the medical topics of the times bear abundant witness to the vigor of his pen. As a practitioner he ranked among the best in a city long celebrated for the high character of its physicians.

"He came to the front every where, and without his assumption men yielded him the first place," was said of him by a practitioner who had met him daily for many years, and to persons who knew Dr. Yandell such praise will not seem extravagant.

Six years ago he was seized, when apparently in perfect health, with an overwhelming anguish, which, beginning in his



right side, quickly overspread his chest, and continued so long as to excite the gloomiest apprehensions in the minds of his physicians. Slowly and sullenly the attack yielded to remedies, but left him with a jaundice which kept him for a long while feeble and very wretched. Other attacks, but none so severe as at first, came at intervals throughout the remainder of his life. He sought relief in travel. While in New York, on his way to the other side of the Atlantic, he consulted the elder Dr. Flint, and when in Great Britain he had the advice of Sir Joseph Fayrer and other distinguished medical men. At the end of many months he returned home somewhat improved, at least in his general condition. But his old enemy continued at times to project its shadow across his path. He was so intent, however, upon that work he loved so well, that he gave his malady but little heed. None of his several physicians had ever expressed a positive opinion as to the real nature of his disease, and none had ever prescribed for him with apparent benefit.

His practice grew in extent and importance. He pursued it regardless of his sufferings; indeed, he had come to look upon these as a part of his destiny. Strange to say, that in the midst of all he endured, his general health suffered but little, if at all. His friends were led by this to believe that, notwithstanding the severity of his seizures, his disease was not an organic affection, and therefore not incompatible with length of days. He himself thought so, led to the opinion, no doubt, by the fact that as soon as he came out of an attack he was almost at once able to resume his multiform labors; often indeed in the slightest ones he continued his work without interruption. The week ending with the day of his death had been one of the busiest of his life.

On the morning of the 12th of March he awakened with a violent headache. He had had many headaches before. Continuing to suffer longer than was usual he took, toward evening, thirty grains of chloral, a remedy from which he had often found comfort in like attacks. It served him well again. He was soon easy, and asked for food. In the few minutes required for its

preparation he suddenly lost consciousness, the pallor of death settled upon his face, and he ceased to breathe. No post-mortem having been made, the exact character of the affection which had haunted him so long, and which ended his life so suddenly will remain unknown.

His wife and four children survive him. One, a boy, who bears the name, no less than the features of his father.

"The man whom ye call dead,  
In unspoken bliss instead  
Lives . . . . .  
. . . in the light ye can not see,  
Of unfulfilled felicity,  
In enlarging paradise  
Lives a life that never dies."

"But, ah!" as a friend, whose own fine qualities enabled him to see the subject of this sketch as he was, has appreciatively written, "how insufficient is the recital of these details of his career to even suggest, much less to portray, the man whose death we deplore!"

"A splendid specimen of physical beauty, his presence compelled attention in whatever company he entered, even before he spoke his kindly greeting of courtesy to all. A gentleman as of the olden time, he ever hastened to offer welcome to visitor of our city, and in his home illustrated Kentucky hospitality. The crowded parlor waited for his accustomed epigram, and the merry laugh rang loud over the paradoxes he delighted to speak. Large place he filled in the world of society in the city which he loved so well.

"In the University with which his name had been so long associated, despite his comparative youth, he had gained the seat of honor; and there his peculiar power of epigrammatic expression illumined the dreary wastes of practice through which he guided the student. The testimony of his pupils is unvarying that it was a joy to sit at his feet. 'T is a sweet memory to those who loved him, who knew his reverence for God and for good, and his desire to be able truthfully to confess the Christian Creed, that the last words he ever spoke in the lecture-

room were these: 'Young gentlemen, be skeptical about every thing except God and love. Never doubt the existence of God, or the truth of Christianity, for they are the only truths which will stand the "trial of life."' "

"And yet his joy was deeper in hospital and dispensary, where day after day he met the poor and the miserable, where he ministered to the bodily pains of those who could not buy the help they sought. Yes, here was Lunsford Yandell's throne, and not the professor's chair, nor yet the editor's desk. Graceful as was his pen, ready as was his tongue, he loved best to stand by the bedside of the suffering and with tender hand apply his healing art. Tenderness was the characteristic of the man always and every where, and Truth that was not afraid to speak in the face of all opposition, Truth that disdained a false claim to merit, Truth that could confess itself to have erred, Truth that would be loyal to its friend under all difficulties.

"As we write we recall more than one exhibition of these characteristics. We remember how he was content to be charged with disregard of professional ethics, that he might go and watch the sick child of his absent friend when that child was being treated by a physician not of the regular school. We remember how he turned away in tears from the place where Cowling's books and instruments were being sold by the auctioneer. They were sacred things to him; they had known the touch of the dead hand he longed to clasp. We remember the patient endurance of many a slight and many a wrong, and a forgiveness that put away into perfect oblivion the wrong-doing and the doer. His own spirit did precede but a little way into the unseen world that of a youth whom he loved, and whose bedside had welcomed him more than every day for weeks before his summons. 'Why do you go?' he was asked, 'you can do him no good.' 'No,' he replied, 'but he loves to see me, and my visit cheers him.'

"He loved men; he loved to minister to their needs, and best of all to those who 'had no helper.'

"With strong convictions, with a formed opinion on every

mooted question, convictions and opinions he was ready to speak; yet always gentle, always forgiving, always tolerant of the thinker who saw not with his eyes.

"May we dare for a moment lift the sacred vail which hides his home, and look on our brother amid the loved ones who made his happiness? 'Tis but that we may there behold the same principles of conduct in mightiest operation, developing the man into the father who never forgot his children, whose every thought was for their elevation and their happiness, and who to them, as to all others, was just and true and tender. A single instant before his brave heart ceased to beat his lips spake to his baby boy an apology for a thoughtless word which had pained the little man. His very last breath was full of tenderness and truth.

"Peace to his ashes! His work is done, his sun has gone down while it was yet high noon. What reward did he gain? Ah, brothers, come stand in the darkened chamber where lies the empty casket from whence his life has fled:

"An old man, poor and almost blind, is brought at his request that he may look once more on the features of the friend who had so often helped him. The curtained light hides the face he would see. 'It is so dark,' he says, 'but may I not kiss him?' And kneeling down he gives the kiss of gratitude to the cold lips. Such was his reward.

" . . . Stranger, if to thee  
His claim to reverence be obscure,  
If thou wouldst know how truly great was he,  
Go ask it of the poor.'"

The faculties and students of the several medical schools in the city, the various societies of which Dr Yandell was a member, and the physicians at large passed resolutions expressive of the esteem in which the deceased was held. Telegrams and letters of condolence from all parts of the country poured in upon his family.

His colleagues in the University met and wrote:

The sudden death of our beloved colleague, Lunsford Pitts Yandell, Professor of the Science and Art of Medicine in the Medical Depart-

ment of the University of Louisville, has overwhelmed us with deepest sorrow. To us, his colleagues, who have known him intimately, he was endeared by his genial and sunny disposition, his generous and noble impulses, his warm-hearted friendship, his upright, honorable and manly character. We loved him because we knew him, and because we loved him we cherish his memory and mourn his loss.

In Professor Yandell's death the University of Louisville has been deprived of one of her most distinguished alumni, a zealous and devoted teacher and friend, a brilliant and eloquent lecturer. The good of the University, her honor and glory, were ever dear to his heart. In her service he spent the best part of his life, and in her behalf he put forth the highest efforts of his gifted nature. His illustrious father was one of the founders of the University of which he in time became an alumnus, then a private teacher, and finally a professor. In this capacity he added to the renown of his Alma Mater by his spotless character, his earnestness and attractiveness as a teacher, fully maintaining the honor of a name so long and justly celebrated in the annals of medicine. As a physician he was successful in practice, and enjoyed in the fullest measure the confidence and affection of all classes. He was greatly beloved by his numerous patients for his gentleness and sympathy, his kindness and devotion to duty, as well as for his varied and extensive learning and rare practical insight and skill. He was an original and independent thinker, and a frequent contributor to the current literature of his profession. He wrote with facility and grace, and had the great gift of presenting in a clear and vigorous style whatever subject he wrote upon. As a medical editor he wielded a marked and most beneficial influence. The journal he conducted for so long, and which will ever be identified with his name, rose in popularity and power under his active and able management. It must continue one of the monuments which will perpetuate the memory of his virtues, his talents, and his work.

The physicians of the city gathered in exceptionally large numbers the day after Dr. Yandell's death, and expressed themselves through Dr. Coleman Rogers as follows:

We have met to-day on a very solemn occasion, and one whose repetition has become but too frequent in the history of our guild. We have assembled to pay a tribute of respect to the memory of a departed and a deeply-loved member of our profession. Our regrets are now not for one who has rounded up his days in serene old age,

but for one whose task was far from completion, and upon whom a life of usefulness was fast beginning to dawn in the fruition of his hopes. Yes, the rose and expectancy of the fair State has withered, and that form, the paragon of manly beauty, has been laid low. Lunsford Pitts Yandell has been suddenly called from his earthly labors, in all the pride and strength and beauty of his magnificent manhood, and in the midst of his usefulness. But a few days ago he seemed to be a type of manly vigor and activity, and none of us would have imagined that he was destined for an early death. But, like his confrères, Bayless, Crowe, Cowling, and Foree, Dr. Yandell died in full panoply—changed, as it were, in the twinkling of an eye, from time to eternity. These are lessons that should not pass unheeded—

“Is death uncertain? Therefore be thou fixed,  
Fixed as a sentinel—all eye, all ear,  
All expectation of the coming foe.”

A detailed account of Dr. Yandell's life-history will appear elsewhere. On an occasion like this all that can be done is to express in some measure the grief we feel when called upon to face so appalling a calamity as the death of such a man. To say that Dr. Yandell has deservedly filled a large space in the public eye; that he has acted his part honorably and well; that he was the idol of his family, friends, and social circle, would be but to recount facts well-known to all. His personal record as a man, a citizen, and a physician is stainless. And what more can be said than this? His reputation as a man of science was not confined within the narrow limits of our own city and State, but was National, indeed cosmopolitan. As a practitioner, writer, journalist, and teacher he was *primus inter pares*. He was an ornament to his profession, thoroughly alive to its interests, jealous of its honor, and anxious to see it occupy an exalted position in the minds of his fellow citizens. His extreme kindness of heart, his charming humor and *bonhomie*, his courtliness and grace of manner, made his presence among his friends and patients ever welcome. He was the true type of the chivalric Southern gentleman, *nascitur, non fit*.

Charity never appealed to him in vain, and he was always ready to lend a helping hand to those who needed his assistance. Access to his home, which he so often afforded his friends and associates, served to display his liberal and princely hospitality and to give glimpses of that tender love and devotion which characterized him as a husband and father. Strong in his convictions, he was as earnest in their defense. In the various phases of medical politics in which he was necessarily an active participant, he administered blows as



well as received them. But his nature and his love for his fellow man did not allow of his harboring enmity. The foes of to-day would more than likely be his friends to-morrow; and when he laid himself down to his final rest, we think that it can be truly said that it was with malice toward none and with charity for all. He mingled with us as a joyous, loving, happy and honored companion in all the walks of private and professional life, and we feel, and shall long feel a deplorable loss in his absence. His bodily presence is gone from us, but he will ever live in our memories, a well-spring of delight, and surely

"To live in hearts we leave behind  
Is not to die."

What has been said thus far of the deceased relates rather to his qualities, capabilities, and worth as a medical man, as seen by medical men. Much more than this was said at the several meetings of physicians held in this city and elsewhere. But this must suffice now.

Of the estimate placed upon him by the community in which he was raised, and where he lived his life; of its estimate of him as a man, a citizen, and a physician, some idea may be had in the following editorials contained in the *Courier-Journal*, *Commercial*, and *Argus* newspapers:

The *Courier-Journal* said:

The death of Dr. Lunsford P. Yandell would at any time have been felt as a public bereavement. Dying now, in the vigor of his manhood, in the plenitude of his power, with his mind strengthened and deepened and disciplined by faithful study and by the stern experiences of life faithfully met—dying now when best understood and best prepared for the exacting labors of his profession, his death is to thousands a personal misfortune, and to the public a loss irreparable. "Oh, man, greatly beloved, go thou thy way till the end, for thou shalt rest and stand in thy lot at the end of the days."

This is not the place to express, could words express, that sense of personal bereavement which weighs heavily on so many. Dr. Yandell's character was so marked and strong, he was such a force in this community, that he was not simply a private citizen. Here he studied in his youth; here he struggled in his early manhood; here he made friends, who to-day rise up and call him blessed; and, alas for poor human nature! enemies whom death has silenced; and here

he won that high position in his profession and in the esteem of his fellow citizens which any one might envy.

Dr. Yandell dies in his forty-seventh year, ripe for much labor, and well worthy that love and confidence which is labor's best reward. Looking forward hopefully, cheerfully, confidently to years of service in the cause of science, in the cause of humanity, which true science ever serves, the summons came. But death, imperative, implacable, irreconcilable, can not take the best part of him. He lives, and his works do follow him. He lives in the memory of his friends; he lives in the gratitude of those whom he served; he lives in the words he has written, in the records of his studies, experiments and investigations. This is a heritage invaluable, inestimable, and as we consider it, and more, as we test it by all true and just standards, it will seem all the brighter and better.

The characteristics which won him admiration and confidence here among us were the same which on the field of battle brought him distinction—courage, decision, determination, and an unswerving devotion to his duty as he saw it. By courage we mean something more than the physical trait which is so common, something more than even that courage called moral, which is rarer; we mean a fearless following of his convictions without weighing consequences, and a cheerful, uncomplaining payment of all the penalties of such a course. He was the soldier of science, not with boasting and vain-glory, but with a questioning humility that seemed at times paradoxical.

To this courage he added a gentleness of demeanor, a certain courtly grace of manner, that was irresistible. He had all the advantages of an imposing appearance, tall, straight, and well-built; in physical proportions he was one in a thousand. The very type of his manhood was at variance with all things mean or ungenerous; nature does not cast ignoble men in such a mold.

Dr. Yandell sought to know nature and nature's laws better; to give her beneficent forces free course. In his teachings and in his practice, by precept and example, he was ever saying: "Prove all things; hold fast to that which is good."

He delighted in nature and all her works. He studied nature in all her aspects. He found "tongues in trees, books in running brooks, sermons in stones, and good in every thing." It was not a mere dilettanteism, an out-door estheticism: it was a love firm and abiding, manifested in hours and years of exhaustive study and tireless investigation.

Dr. Yandell was a good worker; work when in health was his delight. So devoted was he to all of his pursuits that he followed them earnestly and zealously even when pain weakened his physical power and made labor ten times more difficult. During the past six years he has been a sufferer, subject to attacks which caused intense agony, yet his energies never flagged, and these last days were his best days. Many times has he passed the long night by the bedside of a patient, seeking to alleviate a pain not comparable to what he was enduring.

Every successive stage of his journey opened to him larger fields of usefulness; made him realize how much was yet undone, until, strong in the faith that he had his own work to do, he said: "I shall not die yet." Said a friend once to Arnaud, "Why do you not rest sometimes?" "Rest," he answered, "Why should I rest here? Have I not an eternity to rest in?" This was the spirit of unrest which possessed Dr. Lunsford Yandell.

We speak thus of him for the encouragement of those who follow him afar off, for the young men, his pupils, for those in other vocations, urging them to emulate his actions. He was a physician faithful to all the requirements of his calling. But he was more than this; he was a public-spirited citizen. His time, talents, energy, his zeal and his means were always at the service of the people, because he believed a man owed certain duties to society, which, if neglected or disregarded, would bring disaster. Well will it be when our men in all callings give the same attention to public matters Dr. Yandell always gave.

If his life of activity, if his death, sudden and swift, carry not their own lessons, leave not their own impressions deep and lasting, it were idle to multiply words. Here in his success, which was abounding, is his message to those who are to follow him.

Of personal grief, of sorrow long abiding and sterner as the days pass, we can say nothing, but could he speak to-day we doubt not his words would be something like these:

"And in your life let my remembrance linger  
As something not to trouble and disturb it,  
But to complete it, adding life to life;  
And if at times beside the evening fire  
You see my face among the other faces,  
Let it not be regarded as a ghost  
That haunts your house, but as a guest that loves you;  
Nay, even as one of your own family,  
Without whose presence there were something wanting."

**The Louisville Commercial :**

The community will be shocked this morning to hear of the death of Dr. Lunsford P. Yandell. It was appallingly sudden and unexpected. Dr. Yandell was a man of magnificent physique, a model of manly strength and beauty—the very picture of vigorous health. If any acquaintance of his had been called on to select one most likely to live to hale old age, he would have been chosen from a thousand. He was suffering yesterday from neuralgia. About 7 P.M. he took a moderate dose of chloral. It relieved him and he asked for supper; before it was ready he was dead. It is impossible, as we write, to realize that he is dead, or to appreciate fully all that is lost with him. Society, of which he was an ornament, his profession, to which he was an honor, his friends, to whom he was a delight, will long remember and mourn him. Of the sacred grief of his family we can say nothing. All who knew Dr. Yandell intimately must have remarked how much he had expanded mentally and intellectually in the last half dozen years. Before that the abounding vigor of his physical constitution seemed to have afforded him so much pleasure in living that his mind did not assert the prominence to which it was entitled; but of late years he has acquired, without apparent effort, high rank as a patient and skillful investigator, a forcible and eloquent speaker, a brilliant writer, and a thoughtful, far-sighted citizen. He was a charming companion; his talk copious, ready, full of wit, originality and humor; and his manner that happy combination of the courtly graces of the old school with Southern geniality and Western heartiness, which makes the most delightful manner in the world. He was a most gallant gentleman, a noble physician, a good citizen, and a generous friend. Alas! that we have to say he was all this, and that he is dead.

**The Sunday Argus :**

The death of Dr. Lunsford P. Yandell, Wednesday evening last, was singularly distressing. It awakened a sense of profound grief throughout the city. Until within two hours of death he was active in the profession which he adorned by his learning, his genius, and his skill. The fatal messenger gave but little warning of its approach; his heart ceased its beating in the pangs of paralysis. Dr. Yandell had reached only the mid-time of life. His career, nevertheless, had been marked by triumphs that might have filled the ambition of an older man. There had gathered about him a phalanx of friends, and the highest honors of his profession had blossomed on his brow. To these was added the pure love of wife and of children, whose

hopes were unspeakably dear to his heart, and for whom he could offer no sacrifice too great. He was an embodiment of manliness. His whole character was high, noble, and broad. Endowed with rare intellect, he had enriched it by studious culture. He practiced his profession in the spirit of a humanitarian, and taught its great principles with a scholarly pen and an eloquent tongue. Many a bedside of the sick in Louisville has been relieved of care, of pain, and of dread by his tender words, and many a dying man and woman has blessed with latest breath his gentle ministrations. Dr. Yandell was an example and a pattern to his race. His life seems extremely brief because it was unutterably precious to all who knew him. The day of his death was the first for weeks that had dawned in sunshine here, and it appears now to have come with its bright face to sweeten his own last hours. He died with the day itself, and his receding spirit shared the mellow setting of the sun. The community is filled with sorrow for the loss which has thus been inflicted upon it. It can not be repaired. The tomb in which his body rests is a silent dwelling-place, but the virtues of the dead will be spoken every day; and the name of Lunsford Yandell will survive the shadows of the grave.

IN MEMORIAM.—PROF. J. LAWRENCE SMITH.—From a short, simple, and appreciative biographical sketch of the late Prof. Smith, prepared by Prof. J. B. Marvin, M. D., at the request of the American Academy of Arts and Sciences of Boston, we make a few extracts which will, we know, interest all our readers, but especially those who sat under the teachings of the first scientist when he occupied a chair in the University of Louisville.

J. Lawrence Smith was born near Charleston, S. C., December 17, 1818. At an early age he manifested great taste for mathematics; when four years old he could do sums in addition and multiplication with great rapidity. This was some time before he could read. At eight years of age he was prepared for the study of algebra, and at thirteen years was studying calculus. His knowledge and taste for mathematics continued throughout life. He selected civil engineering as a profession. This pursuit not proving congenial with his scientific tastes, he determined to study medicine. After studying three years, he was graduated Doctor in Medicine by the Charleston Medical

College. Dr. Smith then went to Europe, where he devoted three more years to the study of medicine. During all this time he continued his devotion to those departments which first enlisted his scientific affections. He studied physiology under Flourens and Longet; chemistry under Orfila, Dumas, and Liebig; physics under Pouillet, Desprez, and Becquerel; mineralogy and geology under Elie de Beaumont and Dufrenoy. While in Europe Dr. Smith prosecuted original researches on certain fatty bodies. His paper on Spermaceti, in 1843, at once stamped him as an experimental inquirer. On his return to Charleston in 1844, he commenced the practice of medicine and delivered a course of lectures on toxicology before the students of the Charleston Medical College. He established the Charleston Medical and Surgical Journal, which proved a success.

But the State needing his services as assayer of the bullion that came into commerce from the gold-fields of Georgia, North and South Carolina, he accepted this duty and relinquished the practice of medicine. He also gave a great deal of attention to agricultural chemistry. The great beds of marl on which the city of Charleston stands early attracted his attention. He first pointed out the large amount of phosphate of lime in these marls, and was one of the first to ascertain the scientific character of this immense agricultural wealth. Dr. Smith also made a valuable and thorough investigation into meteorological conditions, character of soils, and culture affecting the growth of cotton. His report on this subject was so valuable that in 1846 he was appointed by President Buchanan, in response to a request of the Sultan of Turkey, to teach the Turkish agriculturists the proper method of cotton culture in Asia Minor. On the eve of returning to America, the Turkish Government tendered him an independent position as mining engineer, with most liberal provisions. He performed the duties of this position for four years with such signal success that the Turkish Government heaped upon him decorations and costly presents.

In 1854 he was elected to the Chair of Chemistry in the Medical Department of the University of Louisville, made va-



cant by the resignation of Prof. B. Silliman. He filled this chair with signal success for several years, finally resigning it, devoting his time to scientific research.

Prof. Smith was a most indefatigable worker; his more important original researches number nearly one hundred, besides numerous addresses, lectures, and communications to secular and scientific papers on various scientific subjects. For two or three years Prof. Smith had been in declining health from a chronic affection of the liver; he was seldom confined to his house. On the first of August, 1883, a severe attack of his disease compelled him to go to bed. After an illness of more than two months, characterized by the most patient, uncomplaining endurance, he peacefully and painlessly passed away, Friday, October 12, 1883, at three P. M.

Prof. Smith was of imposing presence and great dignity, strong, manly, self-reliant, pure-hearted, withal one of the most modest, unostentatious of men; a simple, genial Christian gentleman. To those who knew him, or ever felt the charm of his presence, he was scarcely less endeared by his genial virtues than admired for his great powers. In him were united great talents and profound knowledge, with such graces of character as modest unselfishness and the most spotless integrity. His hospitality was unbounded; his love for children great; his courtesy and gallantry to ladies partook of the chivalry of former ages. He was most generous with his apparatus, and any one manifesting an interest in science was sure of help and encouragement from him. For many years he was a consistent member of the Walnut-Street Baptist Church. He was active in every benevolent and charitable work. His charity knew no sect or creed, but his ear and purse were open to all real suffering. He founded and largely endowed the Baptists' Orphan Home of Louisville, thereby erecting a monument more noble and enduring than marble or brass.

Prof. Smith said, "Life has been very sweet to me. It comforts me. How I pity those to whom memory brings no pleasure!" He had "set his house in order," saying he knew it would

be but a short time before Death would claim him; but he was ready to go at any hour or day. He leaves the memory of a pure life and a heart full of "exercised humanity."

THE GOVERNMENT CONTROL OF THE UNITED STATES PHARMACOPEIA.—Thomas F. Wood, M.D., Wilmington, N. C., editor of the North Carolina Medical Journal, writes, in the issue of February, 1884, as follows: A bill has been introduced into the House of Representatives, by Mr. Randall, of Pennsylvania, to prepare and publish a National Pharmacopeia. The chiefs of the Marine Hospital Service, of the Navy, and of the Army are each to detail two medical officers, and these officers are to invite the American Medical Association and the American Pharmaceutical Association to form committees of not more than three members; and thus constituted this board shall proceed to the work of forming a new pharmacopeia, said board having the power to add to its number from time to time, as may in its judgment be necessary. Five thousand dollars are to be appropriated for carrying out the work.

No doubt this proposition will strike the profession in this country with surprise, more especially when the history of the Pharmacopeia is recalled. From the beginning the labor and expense of the production of this work has been undertaken and carried forward by private enterprise. The few men who have been interested in it have given their time and labor with an ardor which does credit to the two professions from which they came. Furthermore, they had the wisdom to keep this work alive by their desire to promote the best interests of the profession, and we are quite sure that none would have resisted quicker than they any movement, even by implication, which would have surrendered the work to the General Government. This is more than ever inferable, when we remember that in the early conventions the organization was completed before the officers of the army and navy were invited to take seats.

It will be surprising, therefore, to the profession, that there should have suddenly arisen an emergency which makes it now

more necessary that "a national authoritative standard" should be undertaken by the Government.

The Medical News, it seems, is able to give a reason. In its issue of 9th February it says: "Unfortunately, since 1880 the United States Pharmacopeia has become a matter of commercial speculation. While a vast amount of intelligent and well-directed labor was bestowed upon it by the Committee of Revision, taken as a whole it is by no means creditable to the science of the country, and complaints as to its inaccuracy and the inconvenience of its methods have been numerous. Not only was it thus inferior to former revisions, but it was padded out into an absurdly large and clumsy volume, and supplied to the profession at an extravagant price, wholly disproportionate to its former rate. That this departure from the time-honored course followed in former revisions should awaken wide-spread dissatisfaction was inevitable; and it was to be anticipated that the dissatisfaction would lead the Government to supply a want which had always existed, but which had never before become so imperative as now."

*Per contra*, we consider it rather fortunate that the committee has been able to produce a volume that could attain to any sort of a commercial dignity, instead of preparing revision after revision that did not possess any. We can not agree either that the revision was supplied at an extravagant price, for had this been so the volume would not have been sought after so eagerly in the book market by such a large number of purchasers—a number far greater than for any previous edition, however cheap. The medical and pharmaceutical professions were willing to pay the price asked for the work, just as they would for any thing they thought worth the money.

As to the inferiority of the present revision as compared with previous ones, we will let the British Medical Journal, p. 700 (Oct., 1883) speak. The reviewer in that journal has been comparing the British Pharmacopeia, the German Pharmacopeia, and the United States Pharmacopeia (1880), and says: "In comparing the three pharmacopeias, it must at once be con-

ceded that the United States Pharmacopeia is incomparably the best. The previous revision was very poor, but the present revision is a very great improvement on the last. It contains an enormous mass of information, which is, however, chiefly of use to the pharmacist. Nevertheless it contains almost every possible preparation which can be needed by the medical practitioner."

We think the Medical News will be greatly disappointed in not finding "professional approval" of the proposed National Pharmacopeia "practically unanimous." Not a large number of men are going to give the matter a thought, if we are to judge by the past. But of those who do actively consider the subject, we believe that very few will have such poor memories as to overlook the undesirable basis upon which, by the conditions of this bill, the National Pharmacopeia would be founded. An expensive and disappointing experiment has already been tried by attempting to combine such incongruous bodies as the Army, Navy, and Marine Hospital Service, and the result was the wrecking of the National Board of Health through the ambition of the Marine Hospital Service. With this disaster staring a confiding profession in the face, it is now proposed to reform the old combination and to attach enough civilian experts to the Board to give it a general scientific character, and so avoid the suspicion of making it a purely Government work.

We think when these facts are duly considered, if the profession of medicine and pharmacy are to have any voice in the matter, they will more nearly unanimously reject the proposition.

Another point: The whole movement, as set forth first in the Randall bill and in the approving editorial of the Medical News, has too much of the color of rivalry between New York and Philadelphia not to be understood by non-residents of those favored cities. Some of the gentlemen of the latter city have never been able to disguise their dissatisfaction at the departure of the Pharmacopeia from them, and we do not believe a word of complaint against the scientific part of the present revision of

the Pharmacopeia would have been sounded, had the business management been to the liking of the complainants.

But we assert, even if the proposed plan is excellent in every respect, there is no reason why a new Pharmacopeia should be compiled at an earlier date than 1890. We are willing to take the opinion of the British Medical Journal upon this subject, and repeat that the U. S. Pharmacopeia is incomparably the best in any language, and a wise Congress will not willingly interrupt the course of a scientific body pursuing its work zealously and honestly and at its *own expense*.

THE BRITISH MEDICAL ASSOCIATION.—The fifty-second annual meeting of the Association will be held on July 29, 30, and 31, and August 1, 1884, at Belfast, under the presidency of James Cuming, M. A., M. D., F. K. Q. C. P. I., Professor of Medicine, Queen's College, Belfast.

The address in Medicine will be delivered by Sir Andrew Clark, Bart., M. D., F. R. C. P., Physician and Lecturer on Clinical Medicine, London Hospital.

The address in Obstetric Medicine will be delivered by Geo. H. Kidd, M. D., F. R. C. S. I., Master of the Coombe Lying-in Hospital, Dublin.

The address in Physiology will be delivered by Peter Redfern, M. D., F. R. C. S. E., Professor of Anatomy and Physiology, Queen's College, Belfast.

Visitors coming from America to attend this meeting can travel by any of the following routes: A "Cunard" steamer will leave New York on Wednesday, July 16th, arriving in Queenstown about the following Thursday week, July 24th; Boston, on Saturday, July 19th, reaching Queenstown the following Monday week, July 28th. A "White Star" steamer will leave New York on Saturday, July 12th, and on Saturday July 19th; due at Queenstown about July 20th and July 27th. An "Inman" steamer will leave New York on Tuesday, July 15th; due at Queenstown about July 23d. An "Allan" steamer will leave Quebec on Saturday, July 19th, arriving in Londonderry

about the 26th or 28th July. An "Anchor" steamer will leave New York on Saturday, July 19th; due at Londonderry on July 29th. Londonderry is ninety-five miles from Belfast, and trains run daily between the two places. The route from Queenstown to Belfast is from Queenstown to Cork, Cork to Dublin (one hundred and sixty-five miles by train), and Dublin to Belfast (one hundred and thirteen miles).

Communications in reference to the meeting of the British Medical Association at Belfast to be addressed to the Hon. Local Secretaries, John Moore, M. D., Alex. Dempsey, M. D., John W. Byers, M. A., M. D.

MEETING OF THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN.—The time of the meeting of the British Medical Association at Belfast has been fixed so as not to interfere with the International Medical Congress, which is to begin at Copenhagen on 10th August. A steamer will leave Hull (England) on August 2d and 9th for Copenhagen; and on August 5th a steamer will leave Leith (Scotland) for Copenhagen. Both these places (Hull and Leith) can be reached on any day by leaving Belfast on the previous evening by the cross-channel steamers. Visitors after attending the meeting of the British Medical Association in Belfast will have ample time to travel to Copenhagen for the Congress.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL.—We learn that the college has taken a lease of a building in East Twentieth Street, between Second and Third avenues, four stories in height, and having ninety-five feet frontage, into which it will move on or about the first of February. This will give ample room for the present work of the school, as well as for a hospital department, which, we learn, is to be established. Bed-side instruction will then be given under the same roof with the regular courses.